

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 9/665899	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* IND.	* IND.	* IND.	* IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1		1				51				
2		1		—	—		52				
3		1		1			53				
4	1		—	1			54				
5	1		—				55				
6		1	—	—			56				
7	1		1				57				
8	1		1				58				
9							59				
10	1		1				60				
11	1		1				61				
12	1		—	—			62				
13	1		1				63				
14	1		1				64				
15	1		1				65				
16							66				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			2				TOTAL IND.				
TOTAL DEP.		2	9				TOTAL DEP.				
TOTAL CLAIMS			11				TOTAL CLAIMS				